

## INCIDENT/ACCIDENT REPORT

PARTICULARS OF INCIDENT/ACCIDENT		
Date:	Time:	Location:
DETAILS OF PERSON INVOLVED		
Name:	Phone:	
Sex:            M            F	Position:	
Type of injury ( <i>if applicable</i> ).		
<b>THE INCIDENT/ACCIDENT</b>		
<b>-Description.</b>		
Describe what happened.		
<b>-Analysis.</b>		
What contributed to the accident/incident?		
<b>-Prevention.</b>		
What action has been or will be taken to prevent a recurrence?		
DETAILS OF WITNESS		
Name:	Phone:	
TREATMENT ADMINISTERED    ( <i>where applicable</i> )		
First Aid		
Ambulance		
Medical Officer	Phone:	